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Volume X

OCTOBER, 1900

Number 8

The London  
Charity  
Conference.

In anticipation of the considerable number of American and other foreign charity workers who were expected to be in the vicinity of Paris and London this summer, it had been planned to make the annual conference of the English charity organization and kindred societies, held in July, of a special international scope. Though the South African war and other circumstances made it advisable to abandon in some measure this plan, yet there were a number of representatives of America and other countries present, and the discussions of the conference were of unusual interest. They are published in full in the *Charity Organization Review* for August. Much the same problems confront the English worker as are present in our American societies. Shall the charity organization society give material relief, or not; shall the untrained friendly visitor be permitted to practice on the poor, or must there be no direct contact with the problems of distress until some experience and breadth of judgment has been secured? It is interesting to note that the conference seemed agreed in any event that there must be training; that common sense and

sympathy are not sufficient qualifications for successful work among the poor. The district committee, with its impassive discussion and routine disposal of "cases," came in for a vigorous scoring, and yet on the whole its utility was vindicated. As Mr. Loch said in closing the discussion of this subject, it is striking how extraordinarily questions are bettered by consideration in a live committee.

Maryland  
State Employ-  
ment Bureau.

Under the auspices of the bureau of industrial statistics of Maryland a state employment bureau has been opened. As is usual with these bureaus, no fee will be charged either employer or employé. A novel feature is a plan to co-operate with similar agencies in other states, thus extending the available labor market beyond the confines of the single state.

The Tenement  
Bath.

As an indication of public sentiment regarding the necessity of adequate bathing facilities, it is noteworthy that a resolution was recently introduced at a Cincinnati board of legislation meeting, providing that owners of tenement houses be required to put a bathtub with shower-bath arrange-

ment on every floor of their buildings. Such an ordinance is probably too drastic at the present time, and not likely to be effective. But the day of one, two, or no baths to the acre in tenement districts is nearing its close.

**Farmers' Fruit Offering.** The lend-a-hand society of Boston has interested itself for a second time in gathering up the surplus fruit of New England orchards for the poor of the city. In 1896 over 5,000 bushels were distributed in quantities of about a bushel each. Generous gifts of fruit have been made by farmers, and the railroads offer free transportation. Only the "worthy" poor share in the distribution, which is carefully supervised.

**Emergency Hospitals.** Some members of the associated women's clubs of Chicago have started on behalf of the municipality the first of what are hoped to become a series of emergency reception hospitals throughout the city. Here cases will be received which are too serious to bear the long trip to a general hospital, and kept till they can safely be transferred. The city is expected to assume at least a partial support of the institution, though so far it has not done so.

**English Workhouse Changes.** A circular letter dealing with the condition and management of workhouses has been addressed by the local government board to the various boards of guardians throughout England. The circular contemplates a more generous and humane

policy of poor-law administration, recommending the gradual depletion of barrack workhouses by the careful discrimination of their inmates, the excluding of all children who can fitly be nurtured away from their parents; outdoor, or less disagreeable indoor, maintenance of the old and deserving poor, and the eventual separate treatment of imbeciles and the feeble-minded. Many of the local boards have recently, on their own motion, entirely removed the children under their care from association with the workhouse and its surroundings. The local government board now urges all the guardians to provide cottage homes, board out the children in well-selected families, or seek means for their emigration.

**Virginia Charity Conference.**

Virginia has fallen into line with an organization for the public furtherance of charity interests in that state. Among the objects of the association is the joining together by representation into one body all charitable associations, hospitals, charity schools, etc., in the state, and obtaining statistical tables of all such institutions, the promotion of the cause of charity and philanthropy, and the visitation of jails, prisons, poorhouses, charity hospitals, and schools. The officers of the society for the first year are: President, Judge James L. Tredway, of Pittsylvania; vice-president, Robert Gilliam, of Petersburg; secretary and treasurer, Dr. William F. Drewry, of Petersburg.

**The Ohio County Home**

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## CHILDREN.

**The Ohio County Homes.** The last annual report of the secretary of the state board of charities of Ohio comments as follows on the work of county homes for destitute children:

Our homes are increasing in number and size. As already stated, 3,884 children were cared for during the past year. Less than seventeen per cent of this number were reported as placed in families. The average daily number of children under care was over twenty-three hundred.

It is well at this time to direct attention to the inefficiency of the present placing-out system of our county homes. There are fifty of these institutions. Their fundamental purpose is to provide temporary shelter until family homes may be found. Generally speaking, they are failing in this important work. The homes care for an average of nearly eighty children a year each—the number placed in families will average less than thirteen for each home. The average length of time the children remain in the county homes is not less than three years. The cost of keeping in the homes is not less than one hundred dollars per year each.

The children placed in families by the home officials are not, as a rule, supervised sufficiently after leaving the home, and not infrequently the homes into which they go are selected with little care.

At the recent session of the international prison congress held at Brussels, the section on juvenile delinquency was strongly in favor of the introduction of manual training in juvenile reformatories, and also by resolution expressed its conviction

that the system of placing children in families might be combined advantageously with that of placing them in institutions.

**New York Juvenile Asylum**

The annual report upon the New York juvenile asylum for the year 1899 shows that the number of children in the institution decreased from 1,066 on January 1, 1899, to 875 on January 1, 1900—a decrease of 191. This decrease is due, the directors state, to the fact that a smaller number of children are surrendered to the asylum by reason of destitution. This is regarded as being due chiefly to the greater amount of work to be had in the city, and also partly to the increased vigilance of the city authorities, and of the visitors employed by the institution in inquiring into the circumstances of parents desiring to surrender children to the institution. During the year 491 were committed by magistrates as compared with 406 in 1898, and 246 in 1897. The number received by surrender was 281 as compared with 403 in 1898 and 560 in 1897. Russia and Italy were more largely represented than any other foreign countries, in the nativity of the children received. Of the 905 children received during 1899, 466 were born in the state of New York, and 76 in other states of the union—a total of 542 native born. Of the 363 foreign born, 170 were from Russia, 84 from Italy, 26 from Germany, 20 from England, 17 from Turkey and Syria, 17 from Austria, 9 from Hungary, and only 3 were born in Ireland. During the year 22 children were placed in families in New York, and 119 were sent to Illinois and Iowa. Illinois is becoming a less desirable territory for the placing out of children, since the conditions in that state are becoming more nearly like those in

the state of New York; the urban population is increasing and the percentage of country people owning their own homes is diminishing. Iowa is regarded as a particularly desirable field for placing-out work. This change makes it possible to discontinue the western agency formerly maintained at Englewood, Ill., though agents residing in the west are still employed. There is much evidence that the placing-out work of the institution is carefully managed. The general agent of the placing-out department states that "a high degree of success can be attained only through an adequate equipment for thorough-going supervision, including means for prompt attention to appeals from both guardians and wards, and for general and systematic visitation of their homes. How essential, but how expensive, such supervision is, hardly could be realized except through intimate acquaintance with the many phases of the work. Cheap methods have been tried and found wanting, and in the last analysis the problem how to provide efficaciously for the waifs and neglected children of large cities is a problem in finance. The asylum, in addition to its present sources of revenue, needs an endowment that would enable it to increase its force of employés in the training school and to enlarge its appropriation for the maintenance of its placing-out department." The *Youths' Companion*, Christmas books, and other literature have been provided for the placed-out children, at the

cost of nearly one thousand dollars annually.

The situations throughout the report are particularly full and valuable. They fail to indicate, however, the total number of children who have been placed out in families and are at the present time subject to visitation by the representatives of the institution.

A woman of several years' experience wishes a position as accountant in a large institution.

The fourth Sunday in October is prison Sunday, in accordance with the custom which has been observed in many churches since 1884. The Massachusetts prison association, 56 Pemberton square, Boston, is issuing its annual pamphlet containing important matter on the crime question, for use in connection with this day. Every pastor owes it to his people that they shall be informed of the facts regarding crime and its treatment, and the experience of many clergymen has shown that he will find them thoughtful and sympathetic in receiving facts and arguments presented to them, and responsive to appeals for attention to the needs and claims of this large class.

Influence  
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## HOSPITALS, DISPENSARIES, AND NURSING.<sup>1</sup>

(AMERICAN PHILANTHROPY OF THE NINETEENTH CENTURY.)

BY HENRY M. HURD.

For many years the hospitals of the country were conducted with considerable uniformity, and without special effort to improve the condition of the sick who were public charges. The outbreak of the civil war, and the familiarity which physicians of the country thereby acquired with the care of the sick in large numbers, did much to foster an interest in hospital construction and to improve the management of hospitals. One of the first institutions to illustrate this changed condition was the Roosevelt hospital in New York, established by James H. Roosevelt of New York, and chartered by the legislature in 1864. The planning of buildings was confided to Dr. Stephen Smith of New York, who recom-

mended plans which were adopted in 1869, and the work of building was then begun. In 1871 the buildings were opened for the reception of patients. The institution was erected upon the pavilion plan, and in many other respects proved a departure from former methods of construction.

The influence of the construction of this hospital upon the Johns Hopkins hospital of Baltimore, plans for which were made by Dr. John S. Billings, after consultation with hospital experts in this country and in Europe, was most marked. As a result of a study of the Roosevelt hospital plans and of his experience in the army during the civil war, he arranged that the greater portion of the wards connected with

<sup>1</sup> Synopsis of paper :

i. Hospitals :

The Pennsylvania Hospital, 1751.  
The New York Hospital, 1771.  
Massachusetts General Hospital, 1811.  
University of Maryland Hospital,  
1823.

Influence of the Civil War on Hos-  
pital Construction and Manage-  
ment.

Systems of Heating and Ventilation.  
Surgical Operating Rooms.  
Infectious Hospitals.  
Special Hospitals.

Clinical and Pathological Labora-  
tories.

Medical Histories and Case Notes.

Hospital Organization.

Medical Service.

Medical Teaching.

Municipal Hospitals.

List of Principal Hospitals.

Ambulance Service.

ii. Dispensaries.

iii. Nursing :

Training Schools for Nurses.

Male Nurses.

List of Principal Training Schools.

Private Nursing.

District Nursing.

the Johns Hopkins hospital should be one-story wards, separated by intervals of about sixty feet, with the long axis of the buildings running north and south and with main wards opening toward the south, so as to secure the largest amount of sunlight and ventilation. The Boston city hospital was erected upon substantially the same lines, although the wards were not confined to a single story. This system of hospital construction possesses many advantages, especially in crowded cities, where sunlight and a free circulation of air are more necessary than in the country. It is interesting to notice that most of the hospitals erected at the present day are built upon sites which afford plenty of room; many of them, in fact, occupy extensive tracts of land.

**Systems  
of Heating  
and  
Ventilation.**

The early hospitals of the century were not provided with any special facilities for heating and ventilation beyond what were in use in ordinary dwelling houses. In several of the hospitals reliance was placed upon fire-places with wood fires. In the Pennsylvania hospital stoves were at one time used. In the old Maryland hospital, on the site of the present Johns Hopkins hospital, founded in 1798, the systems of heating and ventilation in 1848 were so inadequate as to call forth very serious criticism on the part of Dr. Brigham, who then visited it.

About the year 1850, the New York hospital, which had formerly been heated by stoves or open fire-places, in consequence of the great mortality in surgical and epidemic diseases, was furnished with a steam heating apparatus. Coils of steam pipe were placed in the basement and flues were built connecting these coils with the wards above; exit flues were also constructed in the walls for the removal of foul air to the attics, which were open to the outside air through cupolas, with slatted windows. Fans were placed in the basement to force fresh air over the steam-heated coils into the wards, so that a constant supply of fresh air was furnished to every ward at regular intervals. This air pressure forced the impure air through the foul air flues to the attic and a circulation was thus effected. An immediate decrease in the death rate of the hospital occurred and the excellence of the system commended itself to every one by its results. The building being old and not well suited to this form of ventilation, the results, of course, were not as good as probably would have been secured in a building expressly constructed for such a method of heating and ventilation. The system in use at this hospital, however, was soon very generally adopted in all the institutions for the insane throughout the country. A modification of it has lately come into use, by which heated air is distributed from a single chamber by means of a blower. This econo-

mizes space, cures a cold, also other natural system of forcing air by means of apparatus, in order to thus to secure of fresh air of pouring attics have great manyneys have instances are heated electrically to aspirators.

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mizes space in the basements and secures a direct ventilation. There are also other modifications of the original system. In some instances, instead of forcing the air into the wards by means of a blower, an exhaust apparatus is placed in the attics in order to aspirate the foul air, and thus to create a vacuum for the inflow of fresh air to the wards. The system of pouring the foul air into the open attics has also been abandoned in a great measure, and exhaust chimneys have taken the place. In some instances these exhaust chimneys are heated by steam; in others an electric fan is placed in the chimney to aspirate the impure air.

Probably the most successful system of heating and ventilation in any hospital in the country is in connection with the Johns Hopkins hospital.<sup>1</sup> In this hospital the heating of all the wards and of the administration and apothecaries' buildings, the nurses' home, and the kitchen, is effected by hot water, the heat being furnished by boilers in the vaults of the kitchen building and in the cellar of the nurses' home.

**Surgical  
Operating  
Rooms.** The advent of antiseptic surgery has necessitated a rearrangement of operating rooms in connection with all hospitals. In the early hospitals operations were made in connection with the surgical wards, but the necessity of medical teaching soon ren-

dered it essential that amphitheatres should be built so that clinics and surgical operations might be viewed by medical students. In these amphitheatres no special effort was made to guard against the possibility of infection from the surroundings of the patient or from those who came in contact with him. The patient was usually brought in under the influence of an anesthetic and the operation was done rapidly before the medical students, and the subsequent dressings were made in the ward or in some adjoining room. The advent of antiseptic surgery, however, rendered it essential to meet the altered conditions of surgical work by the erection of operating rooms.

The first notable building of this kind was erected at the Massachusetts general hospital in 1888. It is a one-story pavilion, and is approached from the other parts of the hospital by an uncovered way.

The most eminent example, however, of an operating amphitheatre arranged without reference to expense, for the most perfect antiseptic work, is found in the W. J. Syms operating theatre, connected with the Roosevelt hospital, in New York. This was rendered possible by the bequest of Mr. Syms, who left the sum of \$350,000 and stipulated that \$250,000, or as much thereof as the trustees might deem proper, should be expended in the erection

<sup>1</sup> A full and detailed account of this system of heating can be found in the description of the Johns Hopkins hospital, by John S. Billings, M. D., Baltimore, 1890.

of a building or buildings, on the site where it now stands, and that the residue should be invested by the board of trustees so as to yield an annual income for the maintenance of the building. It is worthy of note that the building was constructed and equipped throughout for the sum of \$200,000 of the bequest and accumulated interest, so that the sum of \$150,000 is left to provide a fund for its maintenance.

The building is two stories high in front and three in the rear. The amphitheatre occupies the centre of the building, and is lighted by a glass dome with a northern exposure, admitting the rays of light above and back of the audience, so that, so far as possible, the rays of light that illuminate the operating table enter the room from behind the observer and nearly parallel with his line of vision, all cross-rays being excluded. It has a normal seating capacity of 185, but upwards of three hundred persons could be accommodated easily within the space of the amphitheatre should it be desirable to admit so many persons to a clinic. The seats, in six tiers, are of wood, with wooden backs only. They are fastened to iron standards. A wainscot of pure white marble encircles the room at the top of the amphitheatre, while back of the operator an unbroken surface of marble rises from the pit to a line on a level with the top of the wainscot before referred to. Part of the pit extends backward within a recess lined with marble on every side, including its ceiling. The floor is of mosaic marble and its immediate surroundings are of marble and iron. The steps leading to the seats of the

amphitheatre are of slate. Under the seats the sloping surface is of asphalt over thin concrete on wire lath. A corridor leads from the hospital to the first floor of the building, all of which is laid in marble mosaic with angles rounded to meet a marble wainscot five feet high. Several of the most important rooms, where it is desirable to promote aseptic conditions, are fitted with doors of pure white Italian marble, hung on massive metal hinges, a single slab in each case forming a door. The special operating rooms for private cases and for septic cases are fitted with all conveniences, the interior and equipment being chiefly of marble, glass, and metal. The front part of the building rises to two stories and the central and rear portion to three stories above the basement. On the ground floor the outer rooms east and west are only one story high, and admit light by skylights as well as by large windows in the outer hall, which, from their situation, have to be fitted with semi-opaque glass. The rooms are carefully and ingeniously fitted for their uses; the instrument rooms, for example, have cases of metal frames with glass doors, sides, and shelves, and there are many devices for promoting asepsis. The amphitheatre, as indeed every other part of the structure, is supplied with gas as well as electric lights, to insure the building never being without efficient means of lighting. An inclined plane has been provided, in place of an elevator, by which patients may be wheeled to the recovery rooms, four in number, on the second floor. The warming is by steam; the air, taken at an elevation of more than twenty feet from the ground, passing over steam pipes in great inlet

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ducts in the basement and being forced by fans throughout the building, one fan driving the air to the amphitheatre alone, and a second fan to all other parts of the building. Fresh air, either hot or cold, as may be desired, is supplied to the amphitheatre through one hundred four-inch iron inlets, commercially described as goose-necks, penetrating the inclined plane, from which it is aspirated, through a large register near the ceiling, into a heated chamber which thence discharges its contents, at the highest point of the structure, to the outer air.

This operating building unquestionably marks an extreme of expenditure which will probably not be equaled by any other hospital for many years to come. Within the past few years a reaction has occurred against similar expensive operating rooms, and those that have been constructed since have been much more plainly built, with brick walls covered with enamel paint or cement, and with little extravagance in the way of tile and marble. After all, it is evident that a perfect operating room is one where absolute asepsis is secured by perfect cleanliness. It has been found by experience that wounds are infected by actual contact with infectious material, and that germs are not introduced from the air or from the walls of a room. If the operator, his assistants, his instruments, and his subsequent dressings are free from infection, there is every reason to anticipate that the patient who is operated upon will remain free from infection.

**Infectious  
Hospitals.**

As has been intimated in an earlier part of the paper, infectious hospitals, known as "pesthouses," were early erected for the treatment of cases of small-pox or yellow fever, in order to prevent the extension of epidemics of these diseases to cities. During the past ten years, however, the development of new ideas has necessitated the construction of infectious disease hospitals. These are generally designed for the treatment of diphtheria, scarlet fever, and measles, the other infectious diseases, like small-pox and yellow fever, being still relegated to quarantine hospitals. Several cities of the United States have constructed such hospitals, notably Boston, as a department of the Boston city hospital, and New York, Philadelphia, and Washington. The most elaborate and probably the most perfect infectious hospital in the world has been erected in connection with the Boston city hospital. It is situated adjacent to the city hospital, but is absolutely separated from it. The buildings are three stories in height, and are surrounded by a wall. In the same enclosure are the subsidiary buildings, such as a nurses' home, laundry and boiler house, also an apparatus for the sterilization and disinfection of clothing. Patients suffering from infectious diseases are received into isolated observation rooms until the character of the disease is fully determined, and afterwards are classified in wards according to the dis-

ease. Excellent facilities exist for the segregation of patients suffering from different forms of contagious disease, both during the progress of the disease and during convalescence. Arrangements are also made for the thorough disinfection and purification of all patients upon their discharge from the hospital. The good accomplished by the erection of such a hospital can not well be estimated. It furnishes prompt treatment for infectious diseases and arrests the spread of deadly diseases. A growing sentiment exists in favor of such hospitals in all large cities, and the time must inevitably come when every commercial city will be supplied with a hospital for the treatment, not only of the friendless poor, but also for the care of patients who are able to pay for the opportunity thus afforded for isolation and seclusion during an attack of contagious disease.

**Special  
Hospitals.**

As a part of the advance in medical science and the constant movement in the medical profession toward specialties, the past century has been marked by a very strong tendency to the construction of special hospitals. The first of these, and perhaps the most important, have been the eye and ear hospitals, which were established in Boston, New York, and Philadelphia, during the first third of the present century. These hospitals have usually been well endowed, and have furnished accom-

modations for the indigent poor not only of the cities in which they were situated, but for adjacent portions of the state. They have extended quite generally through the country, and in one state, Illinois, the Illinois eye and ear hospital receives a subsidy from the state and is under state care.

Next in importance come the children's hospitals, which have been established in many of the important cities of the country. Some of these children's hospitals are general hospitals for the treatment of all manner of diseases of children; in other instances the hospitals have been established as orthopedic hospitals. In Boston, owing to the genius of Dr. Bradford, the children's hospital has assumed a very pronounced orthopedic direction. In New York several of the children's hospitals have been erected in connection with lying-in institutions and foundling asylums. In Detroit a children's hospital exists which is used largely for the general diseases of children. In Baltimore the children's hospitals are almost exclusively orthopedic hospitals. In some instances the children's hospitals are wards or departments of general hospitals, but in the majority of cases they are separate and distinct hospitals.

**Lying-in  
Hospitals.** Among the earliest of lying-in hospitals was the one connected with the Pennsylvania hospital, in Philadelphia. This hospital was organized

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in 1803 and remained in successful operation until about 1850, when, owing to the establishment of the Preston retreat, and the inadequate and unsanitary accommodations afforded in the hospital buildings, it became necessary to discontinue the service. In Boston the lying-in hospitals have always been separate institutions, not connected with any other hospital; the same is true in New York, with the exception of Bellevue hospital, which has always been a municipal hospital, designed for the dependent poor of the city, who have been cared for there as in an almshouse. Of late years, owing to the exigencies of medical teaching, lying-in wards have been established in connection with those hospitals which are connected with medical schools, for the instruction of students. In the same direction there has been a marked development of out-patient obstetrical services, by means of which nursing and medical care are given to lying-in patients in their own homes.

**Consumption Sanatoria** Another form of special hospital which bids fair to be increasingly useful are the sanatoria for consumptives, both private and under state control, which have been erected in the Adirondacks and at various other resorts for tubercular patients, both north and south. These are usually arranged for a well-to-do class of patients, and are provided with many facilities for

comfort, especially during the severity of winter. In two sanatoria there are resident physicians who reside there throughout the year. Laboratories for scientific work are also provided, where much has been accomplished for the investigation of tubercular diseases.

**Clinical Laboratories.** In the United States every modern hospital is provided with one or more laboratories for the investigation of disease. Chief among them in importance is the clinical laboratory, which is arranged for the examination of blood, sputum, urine, feces, stomach fluids, products of digestion, contents of abscess cavities, and other morbid products. These clinical laboratories are arranged with microscopes, chemical reagents, spectroscopes, and other physical apparatus. As a matter of routine all body fluids are carefully and systematically examined in such laboratories. Malarial fever is not regarded as malarial fever unless the malarial organism is demonstrated; in typhoid fever the presence of the typhoid bacillus or the Widal reaction are regarded as essential to diagnosis. All tubercular processes are proven to be tubercular by the presence of the tubercle bacillus. The different forms of peritonitis, of meningitis, and other inflammations of serous cavities are diagnosed and differentiated from each other by their cultural peculiarities as developed in bacteriological

examinations. The clinical laboratory, for this reason, requires also to be provided with thermostats, culture media, and apparatus for the study of the bacteria of disease.

**Pathological Laboratories.** The establishment of pathological laboratories must also be regarded as one of the advances in hospital work during the past decade. In these laboratories facilities exist for the study of diseased conditions and of appearances seen at autopsy. Here autopsies are made, and the gross appearances of disease are carefully recorded. Specimens of diseased tissue are examined by the microscope in frozen sections or by hardening the tissues and cutting thin sections for microscopic examination. Bacteriological examinations are also made of all tissues and fluids which come to the autopsy table. The result has been to throw great light upon medical diagnosis and to give increased certainty to our knowledge of morbid conditions. In the Boston city hospital probably the most elaborate and extensive pathological laboratory exists in the United States. This has been erected in connection with the deadhouse and autopsy rooms of the city hospital, and facilities are there furnished for the thorough study of all diseased processes. Similar laboratories exist in connection with the Massachusetts general hospital of Boston; the Presbyterian hospital and St. Luke's hospital in New

York; also in connection with the university of Pennsylvania hospital, the Johns Hopkins hospital of Baltimore, and other hospitals.

In the opinion of hospital medical officers no single scientific advance in hospital work during the past ten years promises so much for the future as the inauguration of clinical, bacteriological, and pathological laboratories. In the same connection mention should be made of efforts which have been made in connection with one or two hospitals of the country to provide laboratories for surgical pathology, in which a careful study of all diseased processes from a surgical standpoint is made.

**Medical Histories and Case Notes.**

The original hospitals had very few medical records. During the early part of the century most of them were contented to have a register of admissions and discharges which contained a summary of the age, nationality, and condition of the patient, with a statement of the name of the disease, and the condition on discharge. There grew up, however, with the advance in medical science and an increase in the size of the medical staffs of hospitals, a system of case books, in which were recorded the previous history of the patient and the course of his disease, with a description of the operation, if one were performed, and the condition of the patient upon his discharge from the

hospital. generally routine daily by the purp inconven not be could no side; he years a has bee whereby side on are afte up in co graphs, tions. disease conditio the hos disease previous life, occ exposure s, and drugs. scrupul of the p fully de subject follow, finding logical operation scribed in the record as to tained mination matter

hospital. These case books were generally in bulky volumes and the routine notes upon cases were made daily by clinical clerks appointed for the purpose. As the case books were inconvenient to handle and could not be carried to the wards, notes could not easily be made at the bedside; hence during the past twenty years a modification of this system has been adopted in all hospitals, whereby notes are made at the bedside on loose sheets of paper which are afterwards collected and bound up in connection with charts, photographs, and graphic representations. Every history of a patient's disease contains a full account of his condition prior to his admission to the hospital; inherited tendencies to disease are carefully noted; also previous attacks of disease, habits of life, occupation, place of residence, exposure to unhealthful surroundings, and addiction to alcohol or drugs. These and similar facts are scrupulously recorded. The state of the patient upon admission is carefully described and daily notes of his subjective and objective symptoms follow, together with the result of the findings in the clinical and bacteriological laboratories. If a surgical operation is done, it is accurately described, and the pathological changes in the tissue or tumor removed are recorded, as well as all information as to the disease which can be obtained by the microscope. The termination of the disease is made a matter of similar record, and in the

event of death a full protocol of the findings at the autopsy is added. Such histories are subsequently bound in permanent form and indexed for future reference. There are cross references upon index cards, so that diseases may be grouped and all the clinical material of the hospital may be utilized thus for the illustration of disease and its further study. In many hospitals this work is placed under the charge of a paid registrar who devotes his whole time to the preparation of case books and histories.

**Hospital Organization.** A distinguishing feature of all corporate hospitals in the United States has been a governing body composed of men of wealth, public spirit, and a devotion to humanity, who under the title of trustees or managers have been charged with their management. These boards of managers or trustees have provided for the erection of buildings, the acquisition of funds and the increase of the endowments of the hospitals; they have controlled the investments, and have rigidly and carefully administered the income derived from them. Each hospital has had also a medical staff of eminent men, appointed in consequence of their eminence in the profession, serving without pay and often at great self-sacrifice, appointed primarily for the care of the sick, who have in addition given advice to the managers or trustees as to all matters connected with the profes-

sional care of the hospital, and have in every manner endeavored to promote the true aims of the hospital, the care of the sick, and the prevention of disease. In the New York and Philadelphia hospitals the representative of the trustees in the hospital administration has usually been a layman, whose interest has largely been the material care of the patient; in other words, he has been a business manager. In the Massachusetts general hospital the resident managing officer was known, at first as an apothecary, later as house physician, and finally as superintendent and admitting physician; in other hospitals organized after the same model the chief administrative is a physician. The effect of the appointment of a medical man has been to give medical considerations greater prominence in the management of the hospital.

**Medical Service.**

It will be seen from a review of the history of the hospitals which has been given somewhat at length in the early part of this paper that the medical service of hospitals at first was gratuitous. Visiting physicians of eminence and public spirit gave their time to the work of the hospital. It was soon found, however, impracticable to continue this, as the men who volunteered their services were under the necessity of devoting themselves to private work; hence young men were appointed to fill the resident positions in the hospitals and

were expected to do their work under the supervision of older men. There consequently grew up in almost all the medical centres of the country a system of visiting physicians and surgeons, whereby eminent medical men were on duty in connection with hospitals from one to three months at a time and yielded the service to other men who occupied similar positions. The result was that scarcely any physician or surgeon saw more than three months of hospital practice during any one year, and additional responsibility was necessarily placed upon the resident staff. This necessitated sometimes the appointment of a permanent physician who was known as the resident or attending physician, who retained his office for a number of years. Within the past ten years a movement has been initiated in several hospitals to appoint permanent salaried heads for the different departments of each hospital, instead of a visiting staff. These men have a continuous service and are able to direct the work in the hospital definitely and to secure a greater uniformity of medical and surgical procedure. Under them resident physicians or surgeons are appointed for prolonged terms of service, so that a greater stability of hospital service is obtained.

A word as to the nursing staff. In all well-organized hospitals at present the nursing work is conducted by a trained nurse who is a member of the staff, with the title

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of superintendent of nurses, and whose duties, in addition to supervising the nursing work, are those of principal of the training school. She organizes the courses of instruction and arranges the hours of study, as well as the hours of duty, and looks after the general discipline of the training school. Under her, as assistants, are ward nurses, known as head nurses, who are graduates, and who assist in the work of teaching. The ordinary nursing is done by pupils of the training school, who are carefully selected for the work and who have a period of service of two or three years, preferably the latter.

**Medical Teaching.** Until within the last two decades the function of the modern hospital as a factor in the promotion of bedside teaching has been but imperfectly recognized, although, as has been seen from the history of the Pennsylvania hospital, the privilege and duty of providing special instruction for medical men were early recognized there. As a rule, however, for many years, clinical teaching in connection with hospitals was limited to clinics in amphitheatres constructed near the hospitals or within them, to which interesting cases or cases requiring extensive operations were brought for presentation to the medical class. In some hospitals, in fact, the admission of students to the hospital wards was

thought to be undesirable and calculated to interfere with the proper privacy of the patient in the ward. During the past twenty years, however, a modification of this feeling is apparent, and almost all first-class hospitals now admit medical students or physicians to see the practice of the hospital and to observe patients at the bedside. This is largely due to the improved character of the hospitals, which has rendered it possible to secure a more enlightened class of patients and more thorough-going, systematic, and scientific investigation of disease and better treatment for them. Admission to the hospital is regarded by the patient more desirable, and he is consequently less unwilling to permit himself to be used by the physicians of the hospital to further medical instruction. The improvement also in the class of medical students and in the methods of instructing them has equally demanded better clinical facilities. During the past five years the extension of medical courses from three to four years, and the necessity of furnishing bedside teaching during the fourth year, has compelled nearly all the hospitals of the country to open their wards to clinical teaching. A few hospitals under the charge of religious orders or largely supported by private contributions, such as the Presbyterian hospital in Philadelphia, and St. Luke's hospital in New York, do not yet permit clinical teaching.

**Municipal Hospitals.** The development of municipal hospitals from the wards of almshouses has already been mentioned. One of the first of such almshouse hospitals was an outgrowth of the New York city almshouse, which 160 years later became Bellevue hospital. Originally founded for the support of the poor under the care of the church while New York was New Amsterdam, the institution at first provided solely for those who were homeless. This continued to be the custom after New York fell into the hands of the English down to the years 1690 and 1691, when it became necessary to supplement church charity by an appropriation from the public treasury. In 1736, when the city was suffering from a third epidemic of small-pox, the first poorhouse was erected on the site of the present city hall. A room of small size in this building was set apart as a hospital with six beds under the charge of Dr. John Van Bueren, who held the office of almshouse physician for thirty years and was succeeded by a son, Beekman Van Bueren. The building was an almshouse and workhouse, as well as a shelter for the poor, the sick, and the aged. In 1796 another building was erected in the rear of the first one and served for the purpose of an almshouse until 1811, when, in consequence of the misery and distress which followed the epidemics of yellow fever which occurred almost annually, it became necessary

to seek more extended quarters. The almshouse was accordingly removed to Kip's bay, the present site of Bellevue hospital, in 1811, where a number of years before a tract of land had been procured for a yellow fever hospital. Here were constructed during the succeeding seven years elaborate buildings at a cost of nearly half a million of dollars for the accommodation of paupers and vicious persons. There were lying-in wards, fever wards, small-pox wards, in addition to wards for the care of general diseases among the friendless poor. The hospital was badly arranged, insufficiently officered, and poorly managed. As a result typhus fever swept through it in severe epidemics and gave a death rate of one in ten persons. Visitations of cholera also decimated its inmates. In 1825 for the first time it was known as Bellevue hospital, but it was not to be worthy of the name of hospital for more than twenty years to come. The sick received poor food and were destitute of food, clothing, nursing, and adequate medical care. The history of the institution until 1847 is filled with records of abuse, inefficiency, and neglect. During this period, however, the penitentiary, the workhouse, the insane department, and the infectious hospitals were done away with, and Bellevue at last became a municipal hospital. It now provides for acute and chronic diseases among the friendless sick, and accident and surgical

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patients, and has, in addition, lying-in wards, detention wards for the insane, and wards for the treatment of alcoholic cases.

In addition to Bellevue there are several large hospitals for acute cases, two large hospitals for chronic cases, and a series of hospitals for infants, children, and for various forms of infectious disease.

The best type of a municipal hospital in the country is the Boston city hospital, which was founded in 1864 and designed to occupy a place corresponding with that assumed by the leading corporate hospitals like the Massachusetts general hospital, the New York hospital, or the Pennsylvania hospital. Its excellence is due to the fact that it was constructed as a general hospital and was not an evolution from an almshouse, and has always been free from political interference or control. It has been managed by a board of trustees which has been wholly independent of the mutations of tenure which are inseparable from party politics. It possesses model wards and everything which is required for the care of the sick or the study of disease.

It has been argued from the success of the Boston city hospital that a similar extension of the usefulness of municipal hospitals can be expected in every large city, but the experience of the past half century does not warrant such expectation. The municipal hospital has been an evolution from the almshouse and can

rarely be regarded as free from the vicious traditions of its birth. The almshouse must make some sort of provision for the sick and homeless, but this provision is generally as meagre as possible and no standard of good care as in a hospital exists. What is done from necessity is usually done grudgingly and imperfectly. Such has been the experience of every hospital which had its origin in an almshouse. Hence there is every reason to think that the highest provision which is made for the care of the sick will for some time to come be in connection with corporate hospitals. It is very probable, however, that the endowments of corporate hospitals will be so much increased as to render them more accessible to the indigent or even to the poor.

The special function of the municipal hospital at present seems to be to provide for cases of chronic disease.

**List of  
Hospitals.**

The principal hospitals of the country which have been established during the last century are as follows, with the date of establishment:

Pennsylvania Hospital, Philadelphia, 1751.

New York hospital, New York city, 1771.

Charity hospital, New Orleans, 1786.

Massachusetts general hospital, Boston, 1811.

Bellevue hospital, New York city, 1811.

Cincinnati hospital, Cincinnati, 1821.

New Haven hospital, New Haven, 1826.

Albany hospital, Albany, 1849.

St. Luke's hospital, New York city, 1850.

Protestant Episcopal hospital, Philadelphia, 1852.

Buffalo general hospital, Buffalo, 1853.

Boston city hospital, Boston, 1864.

Roosevelt hospital, New York city, 1864.

Lakeside hospital, Cleveland, 1866.

The Johns Hopkins hospital, Baltimore, 1867.

Cook County hospital, Chicago, 1867.

Presbyterian hospital, New York, 1868.

Presbyterian hospital, Philadelphia, 1871.

Methodist Episcopal hospital, Brooklyn, 1881.

Garfield hospital, Washington, 1882.

Presbyterian hospital, Chicago, 1884.

Grady hospital, Atlanta, 1892.

**Ambulance Service.**

The civil war unquestionably did much to develop the hospitals of America, and certain features of our present hospital service have been derived from the United States army medical service. The most important of these was the ambulance service, which originated in New York city, under the direction of Dr. E. B. Dalton, who had served in the United States army as medical officer and had large experience in the

transportation of sick and wounded soldiers. Under his initiative the city of New York was divided into districts in 1869, and arrangements were made to respond to all calls for emergencies or accidents or for the transfer of the sick from their homes to the various hospitals of the city. Under his direction ambulances provided with medicines, instruments, and articles to use in case of emergency were built for the speedy and comfortable transportation of the sick and the wounded. Arrangements were also made to have the vehicle accompanied by an experienced surgeon who could give attention to the patient while on the way to the hospital. By an order of the police department, ambulances were given a right of way in the streets, so that no delay whatever occurred in the transfer between the home of the patient and the hospital. A system of calls was also arranged in order that ambulances might be practically at the call of the police stations. A similar service has been systematized and perfected in the larger cities of the country, until now an ambulance constitutes a very important adjunct to a proper hospital service. In cities like New York, Boston, and Philadelphia, where the city is divided into ambulance districts, the service is perfect, and calls are attended to with great promptness. In other cities arrangements are made with the police department by which emergency cases are brought in police patrol wagons, and

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other cases in special vehicles controlled by the hospitals. It is evident, however, that the time must come when the ambulance service of every large city must be placed

under municipal control, with ambulances assigned to special districts and arrangements made so that every part of the city can receive immediate attention.

## CHARITY AND GOSPEL.

BY FREDERIC ALMY.

A general, unsectarian charity, such as a charity organization society, which works with the poor of all faiths and aims to be the intelligent and acceptable servant of all denominations, but of which the work and service are primarily economic, and independent of religion, can well afford to confine itself to its special field, and leave the teaching of religion to the numerous churches. It can not urge its agents to teach christianity, or even allow them to, and most such societies have in their constitutions a prohibition against proselytism or spiritual instruction. This seems wise and necessary, but it is no doubt responsible for an unfortunate impression that these societies, although not actually irreligious, are indifferent to religion and to the value of religious teaching.

No intelligent charitable society can be indifferent to religion. At the bottom of intemperance, indolence, and inefficiency, all chief causes of poverty, lies lack of character, and there is no doubt that during the centuries religion, and especially christianity, has done more to build

character than any other force. If we thus admit the effect of character upon poverty, and the influence of religion upon character, we can not sympathize with those who wish to keep charity and religion entirely separate. Religious teaching is one of the important ways of lifting people out of poverty. While the charity organization society can not make this a distinct part of its work, it yet may feel it a privilege to be able to work in close association with such teaching.

Physicians do much for the poor, but they do not add preaching to their practice. Lawyers do much public work for the poor, but do it through the medium of their own profession. Charity also does well to leave to the church its own work, while supplementing that work on its own special lines. To do this is not to be irreligious. The admirable illustration of Dean Hodges, of the Harvard episcopal theological school, can not be too often quoted. He speaks of the wonderful power of religion in itself, but adds that religion in charity, or in the settlements, is like yeast in bread. It is

impossible to have the best bread without it, but one must not taste the yeast.

It may be argued that church schools, combining education with religious teaching, are of established value, and that since charity and religion are quite as closely kin as education and religion, the successful union of the latter warrants that of the former. The analogy breaks down at the outset, for men send their children to a church school because they want them to have religion and to have education, and want them to have the two together and not separately; but the poor may want neither charity nor religion, but be forced by their necessity to seek charity where they will get gospel. Charity is intimately related to half a dozen forces, which in practice it must leave to others. For instance, no form of help for the poor is used more confidently at present than popular education, but this is the province of the educational specialist, not of the charity worker. Hygiene and medicine are a cure for poverty. A little medical relief is often the best charity, but no charity organization society would allow its agents to dabble in medicine, when it was within their power to bring a doctor. Nor may they dabble in legal relief, when the services of a competent lawyer are available. Is then divinity the only one of the learned professions which can not be safely left to the intelligence or the devotion of its licensed practitioners? The minister is not less willing than

the lawyer or the doctor to give himself to the service, direct or indirect, of the poor.

No one could ever argue that the charity worker should not be allowed to join in a prayer, or to comfort a sinner with hope. Neither is he forbidden to open the windows and give simple medical advice, nor to explain elementary points in regard to eviction and chattel mortgage; but where the need is at all serious the best service he can render is to bring the professional service of a competent man; and where a soul is to be saved, it is better to guide the sinner to the special church which claims him.

A charity which is supported by a single church or a single denomination has some clear advantages. A number of people already associated, and used to working together, who can be called upon for service with some acknowledged claim upon them; a definite congregation backing the work financially;—these are very great advantages. If a church confines its work to its own parish poor, there would seem to be no objection to combining charity with churchly monitions except perhaps, at times some resentment among the poor to spiritual interference on account of merely temporal needs.

If a church proselytizes in its charity, trouble is apt to begin. Religion has so often been used to build up one sect at the expense of another that there is danger of arousing denominational jealousy and misunderstanding. It is not well

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for religion to come with a bribe in its hand, and the poor who get religion for revenue only are not desirable converts. A fresh-air mission child in Buffalo, when asked her mother's religion, said, "Presbyterian in the morning, methodist in the afternoon." The inference is obvious. There are free mission lodging houses and soup houses which convert the same men every winter, or several times in a season, and the insincerity of the conversion is blasphemous.

A church which believes that the only road to salvation is the one it teaches, must, of course, proselytize. It can do no other. But if we think of religions as different languages for one thought, or different

paths to one goal, it is hard to see how proselytizing charity can be justified. Any man who has ever had church affiliations, no matter how remote, will understand God's message best if he is addressed spiritually in the language of his own church, which can awake early associations; and a minister who accompanies his charity with a summons to enter his own fold seems to care more for the success of his church or faith than for the salvation of a soul.

There are many churches and charities which help the poor of all denominations with charity, but refer all for spiritual care to the church with which they have been connected, no matter whether it is protestant, catholic, or Hebrew.

## RELIEF AND CARE OF THE POOR IN THEIR HOMES.<sup>1</sup>

AMERICAN PHILANTHROPY OF THE NINETEENTH CENTURY.)

BY EDWARD T. DEVINE.

### VI—PRESENT PRINCIPLES OF RELIEF ADMINISTRATION.

There has been no authoritative formulation of the principles upon which relief should be extended to needy families either for the guidance of overseers of the poor or for agents of voluntary agencies. At the same time there has been slowly gathering a body of experience and to some extent a uniformity of practice in regard to many of the points upon which it is most frequently necessary to reach a decision. There is no lack of discussion upon concrete questions. The pages of printed proceedings of conferences and conventions teem with the presentation of opinions and arguments in support of this or that policy. The state boards of charities and other public officials have usu-

ally been ready to give publicity to any experiments likely to be of service to others. THE CHARITIES REVIEW has had many valuable articles, and more local periodicals like the quarterly *Charities Record* of Baltimore, the monthly *Register* of Philadelphia, and weekly *Charities* of New York have played their part in presenting the data for the generalizations that can not be much longer delayed.

For practical purposes local societies have generally been compelled to draw up definite instructions to visitors and agents, but these usually give wide latitude in individual cases and there is no set of such instructions which has gained anything approaching general acceptance.

At the same time it is increasing-

<sup>1</sup> Synopsis of paper:

- i. Public relief.
- ii. The Quincy report, 1821.
- iii. The Yates report, 1824.
- iv. Private relief:

Associations for improving the condition of the poor.  
Relief by churches.  
Relief for special classes and conditions.  
Relief by individuals.  
Special agencies.  
Employment bureaus.  
Day nurseries.  
Savings.  
Dispensaries.  
State boards of charity.

- v. The charity organization movement:  
Investigation.  
Co-operation.  
Efficiency of help.  
No direct relief.  
Registration.  
Volunteer visitors.  
The district committee.
- vi. Present principles of relief administration:  
Relief and vagrancy.  
Widows with children.  
Relief in emergencies.  
The shiftless father.  
Widowers with children.  
Single women.  
Orphans.  
Momentary relief.

ly common for relief agencies, public officials, and church visitors to claim that their relief is extended upon what they understood to be charity organization principles, and it is usually assumed at conferences in which representatives of organized charity confer, that they represent a particular method of dealing with destitute families, if not a particular method of promoting the general welfare, or, as the titles of some of the societies express it, of improving the condition, of the poor. It may be granted at once that the representatives of organized charity have not adopted any special system of political economy or social philosophy. They do not aim to present a common front either of support or antagonism towards the diverse schemes of social reform and improvement. They are not, as a body, free traders or protectionists, single taxers or socialists, prohibitionists, trade unionists, populists, or expansionists.

Are they, on the other hand, in substantial agreement upon a body of principles which they would like to have adopted in the charitable relations of the needy and the well-to-do? No statistical inquiry upon this question has yet been attempted, or is attempted, by the present writer. It will do no harm, however, to present what the writer understands to be broad general principles upon which there is most general agreement, claiming no greater validity for them than natu-

rally attaches to an intimate personal acquaintance with the actual work of many of the larger and smaller societies, the churches and special relief agencies, and, not least, the individual efforts to relieve distress.

Those who deliberately choose to live by begging, who, having no visible means of support, live without regular employment, pan-handlers, hoboes, and tramps, whether homeless wanderers or residents with the semblance of family ties, are not properly to be treated by the methods of relief, whether individual or organized. The primary duty of the charitable is to remove the possibility of their securing an income by the practice of their chosen calling.

It does not follow that there are no positive steps that can be taken to aid in the reformation of vagrants and in rescuing those who are homeless and unemployed because of misfortune rather than from choice. The offer of regular employment in some simple but laborious occupation, with compensation at less than market rates, has been widely and to a considerable extent successfully relied upon as a means of lessening their numbers. Detention in a house of correction at hard labor, on a plan of cumulative or progressively lengthened sentences, is a more adequate measure. Best of all, though not yet adopted anywhere in America, would be a farm school or

colony to which vagrants who are not too old to be taught could be committed for an indeterminate period, to depend upon the length of time necessary to inculcate habits of steady industry.

The family whose head is chronically unemployed should receive assistance at home only when simultaneous steps are taken to compel the natural bread-winner to support them. One of the most interesting problems awaiting solution is the determination of the extent to which industrial displacement and social defects respectively are the real causes of homelessness and lack of regular employment. That changes in machinery and in methods of industry, seasonable occupations, and other economic influences are partly responsible few will deny. It is equally obvious that there are many who are so constituted that they can, if left to their own resources, scarcely contribute to society, one year with another, the value of what they consume. Self-dependent working-men and their families would gain by eliminating such persons from ordinary competition and would doubly gain if all of them could receive such training, and if their labor could be so organized and directed as to make their social contribution more appreciable.

Investigation and study of individual cases to determine whether aid by transportation to other places, loan of money to purchase tools, and the taking of a personal

interest in finding employment would meet the difficulty, and finally a series of industrial schools in which various trades are taught, and a farm colony for training in agriculture, would all be essential parts of a plan for dealing comprehensively with the problem of vagrancy.

**The  
Widow.**

We may now ask what should be done in a certain limited number of constantly recurring cases in which not the stranded individual but the family as a whole must be considered. First among these comes naturally to mind that of the destitute but reasonably capable widow with a number of small children. It is clear that such families as these should receive assistance, if assistance is necessary, from private rather than from public sources. For the sake of both mother and children they should be spared the necessity of application at an office of a public department. Private relief may be given in such a way that the children need not know its source. A friendly visitor should be obtained and adequate relief should be provided, enough to prevent all begging and enough to prevent undue anxiety. There should be a regular allowance or pension if none of the children are old enough either to contribute to the family earnings or to take care of younger children, in order that the mother may be employed. The amount should not be large enough to interfere with any

proper effort to be self-supporting. The widow should be induced to keep her home, go out to work, or be provided for by relatives, although at times practical difficulties may prevent her from living together with the other members of the family. It is the natural tendency for able-bodied persons to rely upon the public relief, it does not however, leave a good impression. If, however, the widow is unable to support herself or if it is necessary for school expenses, a woman should be given time of employment, to be done, to be taken care of, to be washed, to be dressed, to be more comfortable, however, in the time of the day, in the double, and earn a living. It is heavy, fully by the double. It is which it is needed, who have real, the condition of the child who has the same

proper efforts on the part of the family to be self-supporting. The mother should by all means be encouraged to keep her children. If she has to go out to work care should be provided for the children in her absence, although this can often be done by relatives or neighbors. It is sometimes practicable for two widows to live together, one going out to work, the other caring for rooms and children. In the cities office-cleaning is the most convenient occupation for able-bodied women who must rely upon work of this kind, in that it does not occupy the entire day, but leaves a part for home and children. If, however, the children are small or if it is necessary to prepare them for school it may be impossible for a woman to leave her home at the time of day when this work has to be done. The only course may then be to take work at home, such as washing or sewing. Where there are more than two or three children, however, there should be no hesitation in giving liberal assistance, since the double burden of making a home and earning the means of livelihood is heavier than can be borne successfully by any except the most capable. It involves a heroic struggle in which it is true that many have succeeded unaided, but in which many who have made the bravest attempt have realized that it meant deprivation of the care and personal attention which is the birthright of every child whose mother is living. At the same time such a woman should

be encouraged to keep her children rather than to have them placed in an asylum or adopted into other families, although there are exceptional instances in which either of these two courses will be advisable for some members of a large family of children. Close study of any such case as this will almost certainly suggest special devices adapted to the circumstances of the family in question. For example, work has been found for one such woman in a day nursery where she can have her baby with her during the working hours and other children of suitable age may be cared for in the same nursery. An apartment somewhat larger than is required for the family can be taken and one or more rooms sublet as a means of helping to pay the rent for the whole. One experienced agent has expressed the opinion to the writer that any able-bodied and intelligent woman who has natural affection for her children will be able after temporary assistance and encouragement to find means of supporting them, and that aid will be necessary only during the period of readjustment and recovery it may be, from a shock of bereavement. Friendly visitors have confessed that in some such cases they quickly find that there is nothing further for them to do and that the women whom they visit soon begin to give them more points than they get in return.

Assuming, however, that assistance is necessary and that it should be

from a private rather than a public source, the question arises whether it should preferably come from a relief society, from the church with which the family is associated, or from private individuals. This question is to be determined by the conditions of charitable relief commonly prevailing in the community. Relief societies usually hesitate to burden themselves with a regular pension which may need to be continued for several years, although there are societies for the special purpose of providing such allowances. All would agree that the immediate relatives and others who stand in some close personal relation to the family should first do all that they can. It is well to look carefully into these possibilities before considering either a relief society or other sources. Even though the amount which each can give may be very small, it will be a gain to systematize it and to have it understood that what is obtained from outsiders will supplement, and in most instances it should be conditional upon, regular contributions from relatives able to assist. It may then be advisable to call upon individuals either personally or through suitable public appeals, concealing, in any public announcements, the individuality of the family to be aided, for a sum which will provide the remainder of the necessary amount for the necessary period, say one year, or, if it is obvious that it will be two years before a child is old enough to begin to earn some-

thing, then for that length of time.

Above all, however, what is needed is the continued, faithful attention and personal interest of a friendly visitor, whose energies will not be divided among too large a number of families, but who will study closely and help intelligently one or two families.

If relief societies are to be employed, special relief agencies such as the Hebrew charities for Hebrews, the German society for Germans, the society of St. Vincent de Paul for Catholics living in parishes in which conferences of this society exist, etc., should be utilized before general societies, and if there is a reasonably close church connection of any kind the pastor or those in charge of the church's relief work should be consulted before outsiders are permitted to help.

A widow with one small child, or an unmarried woman with illegitimate child (the latter a not infrequent applicant for charitable aid) should be helped to find employment where the child will be permitted to remain with the mother, in consideration if necessary of smaller wages. If nothing else is possible a woman in this situation can often get a place either in a private family or in a foundling asylum to nurse her own child with another. No pains should be spared to enable a mother under such circumstances to keep with her a single young child.

More frequently it becomes neces-

sary to destitute small ch of a w good m Where given, s upon t The off poor of number deal with them aring of so that the husband needed hold wo been do knowledc occupat necessity times le if tempo be able taking o Others perience charity in recei whether once r get ov Certain charity with su them, if resource public assistance can do barely to bear

sary to decide what to do for a destitute but incapable widow with small children. Take first the case of a woman of this description of good moral character but inefficient. Where public outdoor relief is given, such cases as this appear upon the books in large number. The officer of the overseers of the poor of Boston states that the larger number of widows that he has to deal with are of this class. Many of them are in immediate need of training of some kind. The difficulty is that they have depended on their husband for support, have not needed to do anything but household work, and even that may have been done badly, and they have no knowledge of any money earning occupation. Under the pressure of necessity such women will sometimes learn quickly, and after a time if temporary help is given they will be able to get along by themselves, taking care of their own children. Others who have had much experience from a standpoint of private charity with families who are also in receipt of public relief, doubt whether women of this type who once receive public aid often get over the necessity for it. Certain it is, however, that private charity is often easily discouraged with such cases and readily leaves them, if there is public relief, to that resource. When this is done the public officials feel obliged to give assistance, and the only thing they can do is to keep actual needs barely supplied, bringing pressure to bear upon the beneficiaries to

make more serious efforts at self-support. The public official just quoted insists that many of these families after temporary assistance do succeed in getting on their own feet, but that many others continue as public charges until the children are old enough to take care of the family, and that even then children thus brought up do not often become self-supporting. More fortunate is the family of this type in a city which has no public outdoor relief or which does not learn the way of access to it. The friendly visitor is here indispensable. Assistance may be given, but it must be accompanied by constant instruction and encouragement to take proper care, at least, of the children. The relief should be an instrument for the steady improvement of the condition of the family and when it ceases to accomplish this purpose it should be increased, diminished, or withdrawn as circumstances require, until it can accomplish its purpose. Again, a close study of the personal characteristics should be made and advantage taken of every favorable circumstance. The education and amusement of the children, protection from physical and moral dangers, the development of sound bodies, and the awakening of intellectual interest must always be kept constantly in mind. Too much must not be expected of a woman who is unexpectedly compelled to earn a living for herself and children, and if she is well disposed and does reasonably well so much of her duty toward the children as she

could have been expected to do if the natural bread-winner had survived, private generosity may well be content for a time to make up all of the remainder.

Still more difficult becomes the task of dealing with a destitute widow of immoral, intemperate, or vicious character with small children. Where there is neglect or immorality that can be proven in court, the children may properly be removed from the mother's influence. A friendly visitor fitted to grapple with so difficult a problem should be secured if possible, and an energetic attempt at reform should be undertaken. The children may be watched over and helped in any way that will not result in contributing to the support of the mother's vices. In some states the laws permit the appointment of a guardian for the children under such circumstances, and the threat of removal will sometimes be sufficient to induce an orderly and decent life on the mother's part. Relief may be given in such a case only with the greatest caution and in such a way as to make it certain that there is proper care for the children and abstinence from drink and immorality while assistance is given. If the children are removed, in such a case as this, it should be permanently. There should be no power to reclaim the children as soon as they are old enough to work. A friendly visitor in such a family as this must be one who is willing to deal with all kinds of discouraging circumstances and watch hopefully, for several years it may be, for signs

of improvement, having always in mind the interests of the children as well as the reformation of the mother, and watching opportunities to introduce them to higher and better things than those to which they have been accustomed.

**Relief in Emergencies.** Applications are often received from families in which one or both parents are living, but which are made destitute temporarily by accident to or by illness of the bread-winner. Relief carefully administered from a private source, until the emergency is over, will meet this situation, but those who believe most strongly in the potency of friendly visiting would insist that even here continued visiting, after the emergency is over, is necessary to get the family back on a thoroughly self-supporting basis, and to aid them to begin saving for the next emergency. It is taken for granted that relief, as in other cases, would come from sources personal to the applicant before calling in outside agencies. Those who believe in public outdoor relief would ordinarily say that public and private charity should work together, in a case of this kind, neither being able to do alone what is necessary.

**The Shiftless Father.** If the application comes from a family where there is a lazy or shiftless father there should be no relief except the influence of a friendly visitor. The man should be compelled by law to support his family. If unable to provide a bond on the

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decision of the court, and if, as a consequence, the bread-winner is imprisoned, there is still danger of providing too much relief, as is also the case with families who have been deserted by the bread-winner. To supply relief may be necessary, and the character of the mother may be such as to justify ample assistance during the period in which the husband can not derive any personal advantage from it. If a deserted wife can not support herself and her children, and if assistance seems to be necessary, measures should be taken to deal by law with the husband if he can be found or if he reappears. Public charity will almost inevitably treat deserted families identically as they would treat widows with children, but it does not follow that this is a wise course.

The secretary of the board of overseers of Boston cites a case in which the husband deserted in order that the family might be better cared for without him, and another in which the man disappears repeatedly before the birth of each child. The friendly visitor, by which is meant, of course, either the one who is technically so-called or any person whether a public official or a paid agent of a private society or a volunteer who can establish personal relations with the family which is to be assisted—such a visitor may often accomplish excellent results in a family made destitute by the bad conduct of the man, if he is able to realize what the temptations are which the man

encounters and if with genuine sympathy and persistent zeal he labors at creating a favorable environment.

It has been suggested that shiftlessness and persistent inability to retain or to secure employment are often due merely to a lack of effective imagination. After many discouragements it becomes difficult for the man to realize that success for him is at all possible. Under such circumstances friendly encouragement may work a revolution in character and may restore the family to self-dependence by the best of all methods. An agent cites a case in which the visitor, who is a man, took charge of a family consisting of a man, his wife, and six children. The visitor when a young man was himself in danger of becoming intemperate and had given up the drinking habit entirely. His own difficulties in doing this made him realize that when a person is asked to break off such a habit he must be surrounded by conditions that will be helpful to this end. The visitor in the case in question determined therefore to do two things. The first of these was to surround the man at home with things that would interest him. In this instance the man was fond of music and the visitor purchased for him an excellent accordion, which proved a good investment. The second thing was to bring the man into the society of other men who were temperate and to lead him to become sufficiently well acquainted so that if absent from customary

gatherings he was missed. In these ways the man was helped over his difficulties and his drinking habits were entirely broken up.

Chief reliance is to be placed on educational work, not on money or other gifts.

**Widowers** Widowers with young children often have great difficulty in providing suitable care for them. If the man has no mother or sister who is free to care for them, efforts should be made to induce relatives to give them a home, or where there are asylums the father may pay for their board in one of them. They should never be accepted as charges if the man is able-bodied and in position to pay for their support. If there is a girl old enough to care for the family a friendly visitor may be of the greatest possible assistance in advising and helping her. Still more necessary is such friendly counsel and assistance if the family is without either father or mother and a home is to be provided by older children. Such liberality as was suggested for widows with small children would here be equally in place.

**Single Women.** Single women and widows without children should not be encouraged to live alone and pay rent. They should seek places as servants or at other work. If aged or disabled they should be provided for in the almshouse or in the hospital, or in exceptional circumstances, where the dependence is one which could not easily have been obviated, a private pension may be provided. Old men

and women should be cared for by children or other relatives if possible. If admission can be secured to a home for aged persons on payment of reasonable fee, and if there are adequate reasons for not having saved such a fee, it may properly be supplied by special contributions from the charitable, unless there are near relatives who should pay it, in which case the almshouse should be insisted upon ordinarily as the only alternative. It may be more advisable in some cases to provide a pension for aged persons from which board may be paid regularly in a private family.

**Orphans.** Orphans not old enough to establish a home should be provided for, if possible, by finding permanent private homes into which they may eventually be adopted. Placing-out work of this kind requires the greatest discretion, but its peculiar problems need not be considered here. It will sometimes be possible to provide temporarily for children in the expectation that they will be reunited as soon as there is some earning capacity, at which stage assistance, carefully given, may be of the greatest usefulness. An interesting question arises as to how far poor relatives should be asked to assume the care of dependent children. The most general answer is, just so far as they are able to do it without harm to the children. If a child is forced into a family where the feeling is strongly against it, the child will frequently receive less benefit than injury. The general principle, however, is that relatives should care for them if possible.

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tives should be made to do all that they possibly can.

A special pitfall lies in the path of those who think that temporary relief can safely be given in violation of the ordinary principles which should govern the relief of destitution. Such a distinction implies that there is a difference between temporary and permanent aid in the effect on the creation of pauperism and that the former is exempt from such a tendency. It will be apparent on consideration, however, that if indiscriminate almsgiving does create pauperism at all, it is universally temporary aid that causes the mischief. Pennies or dimes given away to the beggar on the street, food given at the basement door, money handed out in response to a pathetic appeal for aid in payment of rent because of an affliction, all these are, of course, intended as temporary aid and are everywhere defended on the ground that the giver prefers to be imposed upon rather than to turn away any case which may perchance be one of genuine distress.

The objection to this policy is that it takes no real account of the positive injury done in such cases. Unless investigation can be made before the giving of temporary aid, there is no effective precaution against such injury or against any of the clearly recognized evils of indiscriminate almsgiving. The danger does not lie from permanent aid in any appreciable degree. No one is likely to assume the burden of permanent support of a family,

whether by pension, by paying admission fees to private homes, or by taking the trouble necessary to find homes for children, unless he knows the family and is reasonably well satisfied that the circumstances warrant such a step. All of us are more or less subject to the temptation of aiding "temporarily" those who appear to be in need.

The methods indicated above, as probably typical of the best relief administration of the present era, are by no means exhaustive, but in so far as they have any validity they apply to temporary as well as to permanent relief. Finally, they do not constitute directions which may be followed blindly in any case. Wisdom in dealing with distress, it can not be too often repeated, comes only after a close and sympathetic study of the special problems presented by the particular family to be aided. No two cases are alike; none is easy. The practice of charity can not be reduced to ready-made rules for the inexperienced and the amateur. Quite as much as in the practice of law or of medicine, principles must be applied by one who is trained in their application, but such training may be to a large extent the possession of those who care for the poor even though occupied also with other things, for although it is not the duty of all to be scientifically trained in science or medicine, it is the duty of all to be charitable, and no one is charitable whose attempts at relief result only in the help that hurts.

**Momentary  
Relief.**

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## DESERTED WIVES.

BY ADA ELIOT.

The annals of deserted wives present suffering as intense and widespread as any with which philanthropic effort has to deal. The bread-winner shifts his burdens for bachelor freedom, the woman is left with no support, the public assumes the care of the family. The man either stays away, probably forming other connections more or less permanent, or, if the home has been preserved, may return as fancy moves him. If he is at all clever, he can in most cases escape punishment.

In most of the states, a man practically may or may not support his family, as he chooses. The majority of the states have non-support laws, but even where such laws exist evasion is easy, or the penalty is so slight or of such a nature as to be ineffectual. The punishment in Massachusetts is a fine not exceeding \$20, or imprisonment in the house of correction not exceeding six months. Occasionally a man is put on probation to pay a certain portion of his wages regularly to his wife through the probation officer. Of the fifteen men dealt with in this way by the municipal court of Boston last year, eight were dismissed as having paid all their dues, while the remainder either defaulted or failing to pay took the alternative sentence. A woman may well feel

that it is not worth while to lose whatever slight support she may have been receiving from her husband and have him locked up for a few months in a house of correction that does not ordinarily have a reformatory effect.

In isolated instances success has been achieved in the direction of wringing money from men disinclined to honor their responsibilities. The alimony clerk of New York city receives about \$100,000 a year in small sums from men who have been prosecuted at the complaint of the women they have deserted, by the commissioner of charity. If the offender can not give security that he will pay an allowance to his wife through the clerk, he must take a six months' imprisonment. By personal work on the probation plan, Mr. G. W. Swan of Norwich, Conn., collected large sums of money from non-supporting husbands for many years.

The most severe measures against the evil are those which have been taken in Ohio by the "truant fathers" act of 1890. By this act a man convicted of non-support is sentenced to from three to twelve months' hard labor, unless he can give \$1,000 bonds security that he will pay to the court for the use of his family such a regular sum as the court shall decree. Mr. Benjamin

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Smith, president of the humane society of Cincinnati, has succeeded in getting \$14,000 from recalcitrant fathers in the course of the last year.

Even in these few instances where his responsibility has been forced upon the man, if his whereabouts are unknown, or if he has left the state in which his family is living, there is no power that can reach him. In the experience of the writer a husband and father was traced to a city in a neighboring state, where it was ascertained that he was at steady work, but as the law could not reach him the city of Boston was under the necessity of aiding his wife and children. In order that the wrongdoers shall not escape punishment by crossing into the next state, desertion should be made a felony. Ohio is already trying to bring this about. It has even been advocated that a national law be enacted, that offenders may be reached with certainty.

The suggestion is often made that the man who deserts or neglects to support his family should be set at hard labor, the proceeds of this, above his maintenance, to go to his wife. This plan is favored on the ground that imprisonment under ordinary conditions, while it punishes the offender more or less, leaves the family still dependent on charity. Could such a scheme be carried out so as to enable the earning by prisoners not only of their board, but sufficient in addition to meet the running expenses of the institution, and still leave remaining a surplus for the families, there

could be no objection. But if maintenance mean only the board of the prisoner and leave out of account the expenses of the institution in which he is incarcerated, this plan must be discredited as disguised charity.

How is the deserted wife to be dealt with? Shall she be treated as though her husband had passed out of existence, or are we to regard the family as still a unit, and allow her and her children to suffer for the husband's neglect? If the man knows that his family will be well cared for in spite of his absence, and that his home will be kept ready for him to return to at any time he pleases, he is much more likely to cut and run whenever there is a pinch, and not only he, but every family and every child in the neighborhood will learn a lesson in irresponsibility.

The general rule, subject to judicious disregard, would seem to be that a home deserted by the husband and father should not be kept together by relief. Where the desertion is of long standing, or where a very slight amount of aid will make a family self-supporting, it would probably be advisable to depart from this policy.

In England the poor-law guardians usually offer the woman the workhouse. It is also their duty to prosecute the man. One of the conferences in the Boston associated charities insists that the wife shall obtain a separation from her husband as a condition of aid. This is done to guard against the not infre-

quent collusion between the two, and also to give the woman a legal right to refuse her husband admittance to her home should he return. Desertion in Massachusetts must be of three years' standing before it can be given as a plea for separation, but by the time the man deserts there are usually only too many legitimate grounds for legal action by these pitiable women.

Utterly brutal though he may be; it is proverbially difficult to persuade a woman to testify against her husband. This is due partly to fear of the vengeance he may take, partly to the unemancipated condition of her sex, and partly to the second strongest instinct in human nature. People like to say that it is love that survives the horrible ill-treatment that is the lot of hundreds of these poor creatures. They profane the word. It is a feeling for which there can be neither respect nor contempt, but which must be accepted simply as a physical fact; an impulse which, refined by mind, by poetry and sentiment, becomes a moral force, but which in its crude expression should not be honored by a term that implies fine spiritual elements. It may be possible for a woman of saintly nature to feel Christian forgiveness for a man of whom she is in terror of her life; but love,—no,—not under any consistent definition of the word. One, or all of the reasons which influence women not to testify, lead them to take a man back any number of times, if charity will but keep the home together for him.

The suggestion is occasionally made that a wife's testimony should not be considered indispensable evidence, and that when guilt can be proven by other witnesses she should not be required to serve in that capacity unless she so wishes. Although it seems doubtful whether there would be many instances in which outsiders could furnish adequate evidence of non-support, or even of abuse, where such proof was forthcoming justice would certainly be better satisfied by accepting it as conclusive. It is needless to say that in this case, not the wife, but some authorized person or persons must be the prosecutor.

No one measure is likely to be a panacea for desertion. The Ohio law, or some modification of it, with its proposed amendment making desertion a felony, should be adopted by all the states. Perhaps the probation system, or the New York plan of asking surety only to the amount of the allowance decreed to the wife, rather than bonds to a fixed sum as in the Ohio statute, might best meet the requirements in the case of poor men. Yet even with law in effective operation, charity would occasionally be called upon by deserted wives, and would have to make its assistance unattractive not to neutralize the lesson taught by the law.

More fundamental than advancement in law or charitable methods, more pervasive, affecting all classes of society, is the radical change taking place in the position of women. The women's colleges are its most evident manifestation. Could not

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something of the broader outlook gained by college training be given girls in the common schools? It is strange to note that though it is only lately that they are again beginning to be taught domestic science, they have all along been brought up to centre every thought around the domestic hearth and their relations to it, while the educational forces surrounding a boy tend to show him his relations to the world. The moral standards of the two as to honesty, chastity, public duty, are far apart to the point of absurdity. The writer is in entire sympathy with the movement toward the industrial training of women, but there is a question whether it is not often carried too far. The circumscribed life that women lead makes it even more desirable than for her brothers that a girl should have studies, pleasures, or pursuits that will take her mind as far as possible away from domesticities. It can be safely stated that a woman with slight self-respect, as slight individuality, and with exclusively feminine tastes—exactly the qualities engendered by the usual training of girls—united to a man

who expects little self-respect in a woman, and likes, but does not know that he likes, individuality, will come up against a rock sooner or later.

Although the vote will undoubtedly do more than anything else to stimulate public spirit in women and give them common interests with their husbands, it is not necessary to wait for that to teach girls that duty to home and to state are not opposed, and that they will be better wives and mothers for being good citizens. There is no reason why they may not be at once instructed in the natural laws governing the relation of the sexes, and the fearful consequences seen all about us that follow their disobedience. Were young girls thus informed, it could not be but that they would insist on a higher moral standard among men, and would marry with less of dancing light-headedness.

The causes for desertion lie deep in human nature. If the cure but goes as deep, happy marriages will make unnecessary much of the present work of the courts and of charity.

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Volume X

NOVEMBER, 1900

Number 9

Waste Places  
in Charity.

With no purpose to identify general disorganization of private charity with the small towns of Ohio, or to signalize Kansas as a state in which the public county charities are peculiarly inefficient, we have availed ourselves of two investigations recently made in these states to present in this number a study which may be taken as typical of the general condition of rural charity administration throughout the country. The one investigation was that made by Mr. W. L. A. Johnson, the commissioner of labor of Kansas, into the heretofore unexplored and unreported wilds of county charity administration in that state; the other was one made for the recent Ohio conference of charities and correction by Mr. Edward A. Fay, of the Dayton associated charities, acting as chairman of the committee on associated charities, into the condition of private outdoor relief societies in the small cities of Ohio. Both investigations, dealing with people and institutions unaccustomed to exact reports of work done, must be studied negatively. They are significant, not for the

things they say, but for the things perforce left out,—methods, about which no information could be obtained because correspondents had never had any methods; prevention of pauperism, because societies had been busy with the stopping of to-day's hunger; financial checks and supervision, because county officials had rarely heard of such things; safeguards insuring proper care and treatment of almshouse inmates, because the superintendent's instructions relate rather to taking good care of the hogs and the fences.

Chicago Lodg-  
ing-House  
Inspection.

The bureau of tenement-house inspection of the Illinois state board of health is completing an inspection of the lodging-houses of Chicago, of which there are nearly 800 listed. The inspection would seem to show that the condition of the lodging-houses in Chicago has improved considerably. All the "triple-deck bunk" dormitories, which were common several years ago, have been closed. The only traces which remain of these are the double-deck bunks in the lodging-houses of the salvation army and the volunteers of America, which, it is stated, are tolerated by

the health officers because they are conducted by charitable institutions. Of the lodging-houses which were doing business last year, fifty have been closed because of uncleanliness, lack of ventilation, or other violation of the law. Most of the basement lodging-houses have been driven out of business.

**Permanent Relief Funds.** The result of the effort to raise immediately adequate relief for the Galveston sufferers on receipt of the news of the disaster has brought to notice the advantages of having a permanent organization with machinery for instant action more effective than can be secured through the first efforts of the volunteer committee. Indianapolis has for fifteen years had such a fund, growing out of the relief funds raised for the sufferers from the Ohio floods in 1885. The widespread disaster that these caused, says the Indianapolis *News*, was met by an outpouring of money in Indianapolis, of which the board of trade took charge, sending a special committee to the scene of the disaster, in many cases the first to bring relief to the suffering communities. When the need for relief was over, the board found itself in possession of some two or three thousand dollars. This it has preserved as a permanent relief fund. Since then there have been occasions when the wisdom of the action has been shown. One, notably, was that of the cyclone at Louisville. The board of trade of Indianapolis immediately advanced a sum out of its permanent

fund, which in due time was made good by the subscriptions that were poured into the board, and the fund was ready against the time of the next call. Upon receipt of the call from Galveston the board was able to forward immediately several hundred dollars, which will be made good from the subscriptions which subsequently come in. Philadelphia for several years has had a similar committee, membership in which is regarded as a civic distinction. Baltimore is now considering the question, and will probably organize.

**Blindness due to Neglect of Infants.** Officials of the health department of New York city announce a very desirable crusade against midwives who persist in neglecting or disobeying the laws of the state and the department's regulations applying to the treatment of the eyes of infants. It is a matter of common experience for charity workers to find cases of defective or diseased eyes, or total blindness, resulting entirely from careless treatment immediately after birth. The law provides that when a young child's eyes are affected, the midwife must call the matter to the attention of the health board or summon a physician. She is not allowed to treat or to prescribe for the eyes of the child within a period of two weeks after its birth. The law makes a violation of the statute a misdemeanor punishable by a fine of \$200, or six months' imprisonment, or both. It has not, however, been strictly enforced.